

**TRANSMITTAL OF FORMAL DRAWINGS**Docket No.
EPS-107USInventor's Application Of: **KISSAK T. SARAJIAN ET AL.**

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/751,617	01/05/2004	KRISHNAMURTHY, R	24314	3753	2423

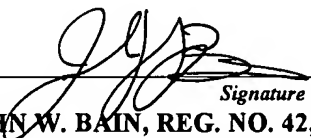
Invention: **MODULAR UMBRELLA VALVE**

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Transmitted herewith are:

SIX (6) sheets of formal drawing(s) for this application.

☒ Each sheet of drawing indicates the identifying indicia suggested in 37 CFR Section 1.84(c).

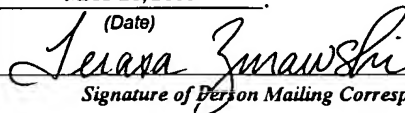

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262-632-6900

Dated: **MAY 26, 2006**

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TERASA ZURAWSKI

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/751,617	
	Filing Date	JANUARY 5, 2004	
	First Named Inventor	KISSAK T. SARAJIAN	
	Art Unit	3753	
	Examiner Name	KRISHNAMURTHY, RAMESH	
Total Number of Pages in This Submission	8	Attorney Docket Number	EPS-107US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	RETURN RECEIPT POSTCARD
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	JANSSON, SHUPE, MUNGER & ANTARAMIAN, LTD. 245 MAIN STREET, RACINE, WI 53403		
Signature			
Printed name	JOHN W. BAIN		
Date	MAY 26, 2006	Reg. No.	42,283

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Typed or printed name	TERASA ZURAWSKI	Date	MAY 26, 2006

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